

Micronutrients Measurement Quality Assurance Program Enrollment Form

Where correspondence should be directed:

Name: _____

Address: _____

E-mail address: _____

Telephone: _____

FAX Number: _____

Where samples should be shipped
(If different from that shown at left):

Name: _____

Address: _____

E-mail address: _____

Telephone: _____

FAX Number: _____

Date when you would like participation to begin: _____

Please check QA Program analytes currently being measured:

Retinol _____

α -Tocopherol _____

γ -Tocopherol _____

δ -Tocopherol _____

Total β -Cryptoxanthin _____

Total β -Carotene _____

Trans- β -Carotene _____

α -Carotene _____

Retinyl Palmitate _____

Lycopene _____

Lutein _____

Total Zeaxanthin _____

Coenzyme Q₁₀ _____

25-Hydroxyvitamin D _____

Vitamin K₁ _____

Ascorbic Acid _____

Additional analytes you would like to have included in the program:

Detailed description of equipment and methods used for analysis of the analytes in the QA program .

(Include type and model of equipment, detector wavelength(s), mobile phase composition, flow rate, LC column manufacturer and model, column dimensions, use of internal standards, etc.)

Micronutrients Measurement Quality Assurance Program, NIST, 100 Bureau Dr, Stop 8392
Gaithersburg, MD 20899-8392; Fax: 301-977-0685; E-mail: mmqap@nist.gov

CONFIDENTIALITY STATEMENT: It is our policy that your laboratory identification number remains confidential. The data generated by this program are also confidential and are provided for your use only. Any data from other sources are included for comparison purposes only.